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PATENT

CERTIFICATE OF MAILING

I hereby certify that on 5/10/05 this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Maria Nadal*

Maria Nadal

Applicant: James Peacock III  
Serial No.: 10/724,453  
Filed: 11/28/2003  
Title: Medical Device with Porous Surface Containing Bioerodable Bioactive Composites and Related Methods

Examiner:  
Group Art Unit: 3731  
Atty Docket No.: 51298-00007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
REQUEST TO CORRECT FILING RECEIPT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant respectfully requests that the enclosed filing receipt be corrected to reflect the correct name for applicant from James Clayton III to **James C. Peacock III**, which was correctly presented in the utility patent application transmittal, and declaration copies as filed on November 28, 2003, of which are attached.

The Commissioner is hereby authorized to charge any additional filing fees or credit any overpayment to Deposit Account No. 50-3207. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dated: 5/10/05

*Michelle S. Glasky*  
Michelle S. Glasky, Ph.D.  
Registration No. 54,124

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Customer Number 45,200





## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
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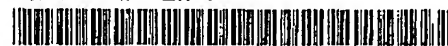
APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/724,453	11/28/2003	3731	0.00	MDC-P-007A	4	46	4

James C. Peacock III  
3317 Melendy Drive  
San Carlos, CA 94070



CONFIRMATION NO. 9909

## FILING RECEIPT



\*OC000000012093318\*

Date Mailed: 03/12/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

~~James Clayton~~ III, San Carlos, CA;

James C. Peacock, III

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 03/11/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

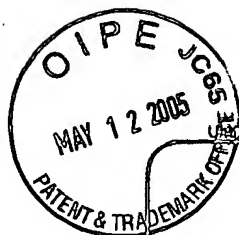
\*\* SMALL ENTITY \*\*

## Title

Medical device with porous surface containing bioerodable bioactive composites and related methods

Preliminary Class

623



COPY

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	<b>Attorney Docket No.</b>	MDC-P-007A
	<b>First Inventor</b>	Peacock, James C. III
	<b>Title</b>	MEDICAL DEVICE WITH ...
	<b>Express Mail Label No.</b>	EU721973788US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <u>46</u>] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 U.S.C. 113) [Total Sheets <u>4</u>]</p> <p>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Sheets <u>1</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> <b>Application Data Sheet</b>. See 37 CFR 1.76</p>	<p>6. <input type="checkbox"/> <b>CD-ROM or CD-R</b> in duplicate, large table or Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> <b>Nucleotide and/or Amino Acid Sequence Submission</b> (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <b>Specification Sequence Listing on:</b> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))  
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney  
11. ☐ English Translation Document (if applicable)  
12. ☐ Information Disclosure Statement (IDS) PTO-1449 ☐ Copies of IDS Citations  
13. ☐ Preliminary Amendment  
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)  
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  
17. ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

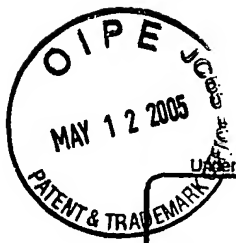
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ....

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_  
For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number: _____	OR <input checked="" type="checkbox"/> Correspondence address below	
<b>Name</b> James C. Peacock III		
<b>Address</b> 3317 Melendy Drive		
<b>City</b> San Carlos	<b>State</b> CA	<b>Zip Code</b> 94070
<b>Country</b> USA	<b>Telephone</b> (650)591-9991	<b>Fax</b> (650)591-9993
<b>Name (Print/Type)</b> James C. Peacock III	<b>Registration No. (Attorney/Agent)</b> 40,124	<b>Date</b> November 28, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.



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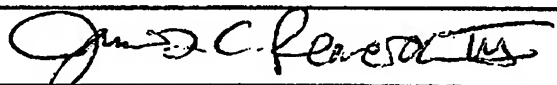
PTO/SB/01 (06-03)

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name James C. Peacock III					
Address 3317 Melendy Drive					
City San Carlos		State CA		ZIP 94070	
Country USA		Telephone (650)591-9991		Fax (650)591-9993	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) James Clayton III				Family Name or Surname Peacock	
Inventor's Signature 				Date November 28, 2003	
Residence: City San Carlos		State CA		Country USA	
Citizenship USA					
Mailing Address 3317 Melendy Drive					
City San Carlos		State CA		ZIP 94070	
Country USA					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					